PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

Application or Docket Number 09/866,859

CLAIMS AS FILED - PART T (Column 1) (Column 2)							SWALL ENTITY TYPE		OR SWALL ENTITY		
TOTAL CLAIMS .			80				RATE	FEE		RATE	FEE
FOR			NUMBER FIL	ED NUMBE	REXTRA		BASIC FEE	355.00	OR	Basic FEE	710.00
TOTAL CHARGEABLE CLAIMS			80 minus 20= · 60		0		X\$ 9=	360	OR	X\$18=	
INDEPENDENT CLAIMS			20 minus 3 = 7				X40=	680	OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT							+135=	1	OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL	1395	ОЯ	TOTAL	
Claims as amended - Part II							OTHER THAN				
(Column 1) (Column 2) (Column 3)							SMALL ENTITY OR SMALL ENTITY				
MENDHENT A		CLAIMS 'REMAINING' AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		PATE	ADDI- TIONAL FEE
	Total	- CO-	Minus	- 80 -		-	_X\$,9₽`.		OR	-X\$18	
	Independent	10	Minus	20	· · ·	긤	X40-		ОЯ	X80=	
	FIRST PRESE	NTATION OF M	JITIPLE DEP	ENDENT CLAIM			+135=		OR	+270=	
	• .		•	•	-	. [TOTAL	<u> </u>	OR	TOTAL	
	10 00	•	•		(0-1 0)	4	ADDIT. FEE		ال	ADDIT. FEE	
7	28-05	(Column 1)	1	(Column 2)	(Column 3)	n		ADDI-	7		ADDI-
9 J.W.		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
RENDARM	Total	• 72	Minus	~ 80	=		X\$ 9=		ОЯ	X\$18=	
	Independent	• 11.	Minus	··· 20	-		X40=		ОЯ	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+270=	
			•				+135=	<u></u>	OR	1000	
·		;	•				ADOIT. FEE		NO.	ADDIT. FE	
		(Column 1)		(Column 2)	(Column 3)	<u> </u>			.	-	
ST C		CLAIMS REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMEN	Total	•	Minus	- 80	9		X\$ 9=		ОЯ	X\$18=	
2368	Indépendent	•	Minus	20	s		X40=	<u> </u>	OF	Voo	
K.	FIRST PRESE	NTATION OF N	AULTIPLE DE	PENDENT CLAIN				1			
				A south a cost to	4		+135=		ОЯ	<u> </u>	
TOTAL ADDIT. FEE ADDIT. FEE ADDIT. FEE										E	
****If the "Highest Number Previously Paid For" (N THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in columns t.											

FORM PTO-478

Patient and Trademark Office, U.S. DEPARTMENT OF COMMERCE

"U.S. GPD: 2000-460-70500003